## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 753368

| (Column 1) (Column 2)                                                                                                                                                                          |                                                |                                             |                  |                                   |                     |                          |        | SMALL ENTITY TYPE |                        |        | OTHER THAN OR SMALL ENTITY |                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|------------------|-----------------------------------|---------------------|--------------------------|--------|-------------------|------------------------|--------|----------------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                   |                                                |                                             | 32               |                                   |                     |                          | ſ      | RATE              | FEE                    | 1      | RATE                       | FEE.                   |  |
| FOR                                                                                                                                                                                            |                                                |                                             | NUMBER FILED     |                                   | NUMB                | ER EXTRA                 | ľ      | BASIC FEE         | 385.00                 | OR     | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                        |                                                |                                             | 3 Zminus 20=     |                                   | . 12                |                          | ľ      | X\$ 9=            |                        | OR     | X\$18=                     | 26                     |  |
| INE                                                                                                                                                                                            | DEPENDENT C                                    | LAIMS                                       | ) mi             | nus 3 =                           | * 2                 |                          | Ì      | X43=              |                        | OR     | X86=                       | 28                     |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                               |                                                |                                             |                  |                                   |                     |                          | ł      | +145=             |                        | 1      | +290=                      | 7//                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                       |                                                |                                             |                  |                                   |                     |                          | L      | TOTAL             |                        | OR     | TOTAL                      | 17 UH                  |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                    |                                                |                                             |                  |                                   |                     |                          |        | TOTAL             | Ļ                      | OR     | OTHER                      | THAN                   |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                               |                                                |                                             |                  |                                   |                     |                          |        | SMALL             | ENTITY                 | OR     | SMALL                      |                        |  |
| AMENDMENT A                                                                                                                                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                  | HIGH<br>NUME<br>PREVIO<br>PAID I  | BER<br>OUSLY        | PRESENT<br>EXTRA         |        | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                | Total                                          | *                                           | Minus            | **                                |                     | =                        |        | X\$ 9=            |                        | OR     | X\$18=                     |                        |  |
|                                                                                                                                                                                                | Independent                                    | *                                           | Minus            | ***                               |                     | =                        |        | X43=              |                        | OR     | X86=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                 |                                                |                                             |                  |                                   |                     |                          |        | +145=             |                        | OR     | +290=                      |                        |  |
|                                                                                                                                                                                                |                                                |                                             |                  |                                   |                     |                          |        | TOTAL             |                        |        | TOTAL<br>ADDIT. FEE        |                        |  |
|                                                                                                                                                                                                |                                                | A                                           | DDIT. FEE        |                                   |                     | AUUII. FEEI              |        |                   |                        |        |                            |                        |  |
| AMENDMENT B                                                                                                                                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                  | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>OUSLY        | PRESENT<br>EXTRA         |        | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                | Total                                          | *                                           | Minus            | **                                |                     |                          |        | X\$ 9=            |                        | OR     | X\$18=                     |                        |  |
|                                                                                                                                                                                                | Independent                                    | *                                           | Minus            | ***                               |                     | = .                      | Ī      | X43=              |                        | OR     | X86=                       |                        |  |
|                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                  |                                   |                     |                          |        | +145=             |                        | OR     | +290=                      |                        |  |
|                                                                                                                                                                                                |                                                |                                             |                  |                                   |                     |                          |        | TOTAL             |                        |        |                            | •                      |  |
|                                                                                                                                                                                                | (Column 1) (Column 2) (Column 3)               |                                             |                  |                                   |                     |                          |        |                   |                        | JOH ,  | TOTAL<br>ADDIT. FEE        |                        |  |
| AMENDMENT C                                                                                                                                                                                    |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                  | HIGHI<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>OUSLY | (Column 3) PRESENT EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                | Total                                          | *                                           | Minus            | **                                |                     | = .                      |        | X\$ 9=            | -                      | OR     | X\$18=                     |                        |  |
|                                                                                                                                                                                                | Independent                                    | *                                           | Minus            | ***                               |                     | =                        | H      | X43=              | •                      | OR     | X86=                       |                        |  |
| ٩                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                  |                                   |                     |                          |        |                   |                        |        |                            |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3                                                                                                           |                                                |                                             |                  |                                   |                     |                          |        |                   |                        | OR     | +290=<br>TOTAL             |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |                                                |                                             |                  |                                   |                     |                          |        |                   | ادير                   |        | ADDIT. FEE                 |                        |  |
|                                                                                                                                                                                                | The "Highest Num                               | nber Previously Pai                         | d For" (Total or | Independe                         | ent) is the         | highest number           | r foun | d in the app      | ropriat box            | in col | umn 1.                     |                        |  |